

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701 For Commission Use Only:

Case: ()(1 (0) (2

ORIGINAL

Regarding a complaint by (Person making the complaint):
Against (Utility name): Seable Entruty
As to (Reason for complaint) Astronomical Las readings Charges and deposit
in Chicago Illinois.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My mailing address is 1/33/ Dentwort & Sile Bl
The service address that I am complaining about is 11331 & Wentworth Edite
My home telephone is 1773 8585993 5 0 35 0
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at 17731 264-5332 Fight of Colse Co. (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Apt.
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.
Section 280 and numerous sub-sections under
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?
Has your complaint filed with that office been closed?

Please clearly state what you want the Commission to do in this case: We would like a hearing on the dove-mentioned sources.
Date: S. G. Worth, day, year) Complainant's Signature Light Seaston
If an attorney will represent you, please give the attorney's name, address, and telephone number.
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
I. LAURA Bracks and Shella Backs, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.
Subscribed and swarn/affirmed to before me on (month, day, year) a Growb
"OFFICIAL SEAL" Notary Public, Illinois LON GOODMAN Notary Public, State of Illinois My Commission Expires August 01, 2009
NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.

lcc207/07

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.